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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/720,276	03/07/2001	John W. Erickson	207596	9981

TITLE OF INVENTION: FITNESS ASSAY AND ASSOCIATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	11/20/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, EMILY M	1648	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☒ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Xavier Pillai

Date November 18, 2008

Typed or printed name

Xavier Pillai

Registration No. 39,799

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In re Appln. of Erickson et al.
U.S. Patent Appln. No. 09/720,276

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

(A) NAME OF ASSIGNEE:

(B) RESIDENCE:

1. Government of the United States of America,
Represented by the Secretary, Department of
Health and Human Services

Rockville, Maryland

and

2. Board of Trustees of the University of Illinois

Urbana, Illinois